

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2007 JUN 13 PM 2:13

CR2E041 (1/07)

DOCUMENT # L04000039313

1. Limited Liability Company's Name  
Countrywide Real Estate Development International, LLC

2. Principal Office Address - No P.O. Box # 524 Fernwood Dr Suite, Apt. #, etc.		3. Mailing Office Address 524 Fernwood Dr Suite, Apt. #, etc.	
City & State Altamonte Springs FL		City & State Altamonte Springs FL	
Zip 32701	Country USA	Zip 32701	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 5/24/2004	
6. FEI Number 550868084	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
Roger A. Repstien

Street Address (P.O. Box Number is Not Acceptable)  
524 Fernwood Drive

Suite, Apt. #, Etc.

City Altamonte Springs	State FL	Zip Code 32701
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A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Date 6/8/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Roger A. Repstien	524 Fernwood Drive	Altamonte Sp FL 32701

300104457053  
05/18/07--011009--307 \*\*\*250.00

REINSTATEMENT 05-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Date 6/8/07 Daytime Phone# 407-830-6522

Typed or printed name of signing Managing Member/Manager Roger A. Repstien